

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043507  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 255

Primary Registration District No. 4335

Registrar's No. 15

FILED NOV 19 1962 25

VS 300  
Rev. 4/59

10680

2680

3

4 0

5 1

6

7 0

8 2

9420.1

10

11

1270-0

132-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Tipton Moniteau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Tipton</u>				Length of stay in 1b <u>Life</u>		c. CITY OR TOWN <u>Tipton</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence West Howard Street</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>West Howard</u>	
3. NAME OF DECEASED (Type or print) First <u>Harold</u> Middle <u>E. Burriss</u> Last <u>Burriss</u>				4. DATE OF DEATH Month <u>11</u> Day <u>13</u> Year <u>1962</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>1/17/1923</u>	
9. AGE (last birthday) <u>59</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bookkeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Putnam Garage</u>		11. BIRTHPLACE (City and state or country) <u>Tipton, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13a. FATHER'S NAME <u>Ernest Burriss</u>		13b. MOTHER'S MAIDEN NAME <u>Alma Burriss</u>		14. NAME OF HUSBAND OR WIFE <u>Alma Burriss</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>70</u>		17. INFORMANT <u>Alma Burriss (wife) Tipton, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CARDIAC INFARCT</u> Interval between onset and death <u>10 hrs</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <u>11</u> a.m. <u>13</u> p.m. Month, Day, Year <u>11/13/1962</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>11/13/1962</u>		20f. CITY, TOWN, OR LOCATION <u>Tipton Mo</u>		20g. COUNTY <u>Moniteau</u>		20h. STATE <u>Missouri</u>	
21. I attended the deceased from <u>11/13/1962</u> to <u>11/13/1962</u> and last saw him alive on <u>11/13/1962</u> Death occurred at <u>11:50 AM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>C. F. Potts M.D.</u>				22b. ADDRESS <u>Tipton Mo</u>		22c. DATE SIGNED <u>11/13/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>11/13/62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>D.W. Newcomers Crematory</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
24. FUNERAL DIRECTOR <u>James E. Richards - TIPTON - MO</u>				25. DATE RECD. BY LOCAL REG. <u>Nov. 15, 1962</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Maude Hudson</u>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Jennell E. Richard*

Licensed Embalmer No. 2466

P. O. Address Lipton, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.